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# Virginia Office of Emergency Medical Services

## Designated Trauma Center Code of Conduct

Virginia Department of Health  
Office of Emergency Medical Services  
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Item 1: Patient Care

- 1) The purpose of a trauma center is to provide optimal care to the trauma patients presenting to the hospital
- 2) All trauma programs will maintain the quality of their service through ongoing Performance Improvement activities.
- 3) Trauma programs will develop and maintain referral and transfer patterns consistent with optimal care for special injury types.
  - a. Special injuries include but are not confined to: spinal cord, burns, hand, and pediatrics.
- 4) Virginia trauma centers recognize and adhere to the guidelines developed within the Commonwealth of Virginia by the Trauma System Oversight and Management Committee of the EMS Advisory Board. These guidelines can be found in the *“Virginia Statewide Trauma Center Designation Program Hospital Resource Manual”*

Item 2: Inclusive System

- 1) Trauma programs recognize delivery of trauma care using the inclusive system model.
  - a. All hospitals participate in the delivery of care to the trauma patient, at minimum providing initial stabilization and management of patients presenting on an emergent basis.
  - b. Trauma centers provide an additional level of expertise to the complex trauma patient.
  - c. Patients with all levels of injury severity, are included.
- 2) Trauma centers will participate in the development, implementation, and evaluation of regional trauma triage and other trauma system plans.
- 3) When participating in regional planning for trauma care, trauma centers will recognize the essential nature of input from other participants such as EMS and non-designated hospitals, and will attempt to solicit and assure participation of these elements.
- 4) If conditions require withdrawal from the system, trauma program managers will assist with identification of possible alternatives or replacements. The trauma program will extend every effort to provide timely notification and smooth transition to alternatives.

Item 3: Center Autonomy

- 1) Trauma programs are developed by their respective hospitals and are entitled to maintain program identification and autonomy.
  - 2) Trauma programs will attempt resolution of inter program conflicts through good faith and fair dealing utilizing the resources of the State Trauma Systems Oversight and Management Committee as needed.
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Item 4: Disaster Management and Mutual assistance

- 1) The trauma program will participate in regional disaster planning efforts.
- 2) When possible, trauma programs will provide trauma care for patients from outside the usual area of referral in situations where services in the referring area are overwhelmed.

Item 6: Public and System Education

- 1) The trauma program will provide a realistic expectation of its capabilities to provide care for specific types of patients.
- 2) The trauma program will not engage in publicity or marketing efforts which are misleading or unprofessional.
- 3) The trauma program will neither endorse nor sanction negative publicity or derogatory, disparaging, or deliberate misinformation regarding other trauma programs, hospitals, and EMS agencies.

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Hospital Representative Printed

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Hospital Representative Signed        /    /      
Date